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NORTH CAROLINA MEDICAID  
NATIONAL PROVIDER  
IDENTIFIER  
STAKEHOLDERS MEETING  
September 7, 2006



# Agenda

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- Introductions –  
LeAnn Bartolotti, EDS
- Opening Remarks –  
Mark Benton, DMA Senior Deputy Director and COO
- NPI Overview –  
Stacey Barber, EDS
- NC Medicaid Approach to Implementation –  
Debbie Pittard, DMA
- How DMA will collect the NPI –  
Kimberly Randolph, DMA
- Communication Planning –  
LeAnn Bartolotti, EDS
- Question and Answer Session –  
Attendees, Panel, DMA and EDS
- Closing Remarks –  
LeAnn Bartolotti, EDS



# Opening Remarks

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Mark Benton  
Medicaid Senior Deputy Director  
NC DHHS Division of Medical Assistance



# NPI Overview

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Stacey Barber  
HIPAA Subject Matter Expert  
EDS



# What is the NPI?

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- As mandated by HIPAA, the NPI is a unique identifier for health care providers
- The NPI will replace all proprietary identifiers used in electronic transactions to identify a provider
  - THE MEDICAID PROVIDER NUMBER
  - Health plans can require the NPI on paper transactions
- The NPI is assigned to providers by the National Plan and Provider Enumeration System (NPPES)
  - Providers can apply for an NPI through a Web application or on a paper application at any time
- The NPI is a 10-byte, all-numeric identifier with the last byte being a check digit
  - There is no intelligence built into the NPI – it is simply a unique number to identify a provider regardless of the provider location, provider type, or provider specialty



# Key Dates for the NPI

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- Final Rule published on January 23, 2004
- Effective date was May 23, 2005
  - On the effective date, providers were able to begin applying for their NPI
    - As of July 31, 2006, 29,876 NPIs had been issued in NC – 23,714 individual and 6,162 organizational
- Compliance dates are:
  - May 23, 2007 for all covered entities except small health plans
  - May 23, 2008 for small health plans

*By these dates, covered entities must use **only** the NPI to identify providers in standard transactions*



# What the NPI will and will not do

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- It will:
  - Replace the use of all legacy provider identifiers (e.g., UPIN, Medicaid Provider Number, Medicare Provider Number, Blue Cross and Blue Shield Numbers) in standard transactions as of the compliance dates
  - Simplify transactions, including claims and COB, and save money in the long term
- It will not:
  - Guarantee reimbursement by health plans
  - Enroll providers in health plans
  - Make providers covered entities
  - Require providers to conduct electronic transactions



# Who can have an NPI?

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- Any “health care provider” (160.103)
  - Both covered and non-covered providers
  - Individuals: Physicians, dentists, nurses, chiropractors, others
  - Organizations: Hospitals, ambulatory care facilities, laboratories, HMOs, group practices, others
- Subparts of providers






# What is a subpart and who determines if a provider has subparts?

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- A provider is a legal entity
- A subpart is *not* a legal entity but it furnishes health care
  - Examples: Hospital unit, member of chain
- Concept does not necessarily correlate to hybrid entity, health care component, or organized health care arrangement
- Concept does not apply to individuals
- Covered provider responsible for determining subpart's need for NPI
- If need exists, covered provider responsible for subpart obtaining NPI
- Covered provider responsible for enumerated subpart's compliance with Final Rule



# What are the requirements of the provider?

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- The provider must obtain and begin to use the NPI in covered transactions by May 23, 2007
- The provider is required to notify the NPPES enumerator within 30 days of any changes to application data
- The provider is required to disclose their NPI when it is requested
- The provider must instruct their business associates to use the NPI appropriately
- Only HIPAA covered providers are subject to the NPI and its requirements



# How does the NPI impact provider?

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- It eliminates the need for the provider to maintain multiple provider identifiers for different plans, contracts and locations
- Organizational provider determines the number of identifiers that are needed for their organization.
  - The health plan CANNOT tell a provider organization how to enumerate
- It may be necessary for the provider to include more information on transactions than they do today in order for the health plan to uniquely identify the provider
  - Taxonomy codes
  - Rendering location address



# What are the requirements of the Health Plan?

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- The health plan **MUST** accept the NPI as the provider identifier on electronic transactions
- The health plan **CAN** require the NPI on paper transactions to identify the provider
- The health plan **CANNOT** direct a provider on how to enumerate
- The health plan **CANNOT** require a proprietary identifier after the compliance date
- The health plan will still need to enroll providers



# What are the impacts to the Health Plan?

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- The NPI contains no embedded intelligence
- Providers who have multiple numbers today to identify different types and specialties will only have one NPI
- Atypical providers cannot get an NPI
  - Non-health care providers
- Transition from proprietary number to the NPI
- Contingency plan
- How will the health plan get the NPI?
  - From the provider
  - From the enumerator ????
- How does the health plan validate the NPI?



# NC Medicaid Approach to Implementation

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Debbie Pittard  
NPI Project Manager  
DMA



# Minimal Enhancements

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- North Carolina's approach is consistent with what is being done nationally
- Current implementation status is consistent with other states
- While it is an aggressive timeline, it is much compressed because we had not anticipated implementing NPI in our current claims processing system
- For this reason, NC is taking a minimal enhancements approach



# DMA Approach

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- The NPI will be mapped to the Medicaid Provider Number for claim adjudication
  - Mapping hierarchy established to determine the appropriate Medicaid Provider Number to assign to the claim for adjudication.
  - Internal edit and audit programs used for adjudications are not changing.
  - Data elements from the claim will be used in the mapping:
    - Taxonomy codes
    - Service Location and Billing Provider Zip codes – zip +4 will be required
    - Procedure Codes
    - Recipient Information





# DMA Approach (continued)

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- The NPI will be mapped to the Medicaid Provider Number for claim adjudication
  - What will happen if the NPI is not on file?
  - What will happen when an NPI cannot be mapped to a single Medicaid Provider Number?
- NC Medicaid will require the NPI on the paper claims
  - New CMS-1500
  - UB04



# DMA Approach (continued)

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- Claim payment will still be based on the Medicaid Provider Number
  - Providers will receive a separate RA (835) for each Medicaid Provider Number for which payment was made. Only the NPI is reported on the RA (835)
  - The Unsolicited 277 transaction used for reporting pending claims will contain the NPI
  - Paper RAs will include both the Medicaid Provider Number and the NPI



# Other Transactions

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- **270/271** – Eligibility Request and Response
  - Will validate the NPI is on file for an active Medicaid provider
- **276/277** – Claim Status Request and Response
  - If the ICN is submitted on the request, the NPI will be validated against the NPI on the claim
  - If the ICN is not on the claim, all claims for the Medicaid Provider Numbers associated with the NPI on the request will be searched using the other search criteria from the request
- **278** – Service Review Request and Response
  - Will include the NPI on the transaction report
  - Providers will still be required to submit the appropriate paper Prior Approval form in order to provide the medical necessity information not supported on the transaction



# Other Implementation Considerations

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- Evaluating which reports will be modified to include the NPI in addition to the Medicaid Provider Number
- Evaluating the impact to external entities that receive files which contain the Medicaid Provider Number
- The Automated Voice Response System (AVRS) will still use the Medicaid Provider Number
  - An analysis is being performed to determine feasibility of use with the NPI
- Prior Approvals will continue to use the Medicaid Provider Number



# How DMA Will Collect the NPI

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Kimberly Randolph  
Provider Services Manager  
DMA



# Dates To Remember

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- **September 1, 2006** - Begin Collecting and Inputting NPI on DMA Enrollment Screens
- **September 1, 2006** - New Provider Applications & Provider Change Forms on DMA webpage with NPI & Zip + 4 Showing as Required Fields
- **September 15, 2006** - Link for NPI information on DMA provider webpage
- **September 15, 2006** - NPI Collection Form on DMA provider webpage
- **January 1, 2007** - NPI Required on All Provider Applications & Change Requests
- **May 2007** - Require NPI on All Claims - Paper & Electronic



# Collection Method

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- Fillable DMA NPI Collection Form on Website-Mail or Fax but MUST BE TYPED
- DMA NPI Email Under Review
- Electronic Solution Under Review
  - Direct Data Entry on a web portal
  - Accepting Excel Spreadsheet Requirements Will Be on the Web.
- Provider Change Forms Must Be Sent Separately



# Collection Form

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- We Will Be Collecting ONE NPI Number for Each Medicaid Provider Number
- Required Fields:
  - Medicaid Provider Number
  - NPI
  - Taxonomy
  - Physical & Billing Address Zip +4





## Examples:

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### Medicaid Provider #

### Type

### NPI

8#####1

Group

1111111111

8#####2

Anesthesia

2222222222

8#####3

Pediatrics

3333333333

8#####4

PhD's

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8#####5

Independent Lab

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# Medicaid Communication Plan

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LeAnn Bartolotti  
Provider Services Travel Representative  
Supervisor  
EDS



# Communication Plan

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- Provider Workshops
  - October
  - March
- Bulletin Articles
- Newsletters
- Websites
- RA Banner Messages
- DMA Website



# NPI Contact Information

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- CMS NPI Homepage  
[http://www.cms.hhs.gov/apps/npi/01\\_overview.asp](http://www.cms.hhs.gov/apps/npi/01_overview.asp)
- How to Apply for NPI  
[http://www.cms.hhs.gov/NationalProvIdentStand/03\\_apply.asp#TopOfPage](http://www.cms.hhs.gov/NationalProvIdentStand/03_apply.asp#TopOfPage)
- National Plan and Provider Enumeration System (NPPES)  
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- DMA Provider Enrollment Information  
<http://www.dhhs.state.nc.us/dma/prov.htm>
- DMA NPI Information and NPI Collection Form  
<http://www.dhhs.state.nc.us/dma/npi.htm>



# National Provider Identifier (NPI):

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Get It!

Share It!

Use It!

NOW!

Getting one is Free – Not having  
one can be costly!